



Atty. Dkt. No. 038440-0119

1FR Rec & ✓

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Tadayoshi ITO et al.  
Title: RADIO CELL STATION APPARATUS, PERSONAL STATION,  
METHOD OF CONTROLLING REFERENCE SIGNAL, AND  
PROGRAM FOR CONTROLLING REFERENCE SIGNAL  
Appl. No.: 10/528,108  
Filing Date: 03/16/2005  
Examiner: Diego D. Herrera  
Art Unit: 2617  
Confirmation Number: 9116

**REQUEST FOR CONTINUED EXAMINATION (RCE)**  
**TRANSMITTAL**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

a. Previously submitted:

[ ] Please enter and consider the amendment and/or reply previously filed on \_\_\_\_.

08/20/2009 SNOHAMME 00000012 10528100

01 FC:1801  
02 FC:1252

810.00 OP  
490.00 OP

☐ Please consider the Affidavit(s)/Declaration(s) previously filed on \_\_\_ but not considered.

☐ Please consider the arguments in the Appeal Brief or Reply previously filed on \_\_\_.

☐ Other \_\_\_.

b. Enclosed are:

☒ Amendment/Reply.

☐ Affidavit(s)/Declaration(s).

☐ Information Disclosure Statement.

☐ Form PTO/SB/08 with copies of \_\_\_ listed reference(s).

☐ Other .

Miscellaneous:

☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_\_ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$810.00	= \$810.00
Total Claims:	24	- 24	= 0	x \$52.00	= \$0.00
Independents	6	- 6	= 0	x \$220.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$390.00	= \$0.00
CLAIMS FEE TOTAL:					= \$810.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$130.00	0	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the second month:	\$490.00		\$490.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,110.00		\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,730.00		\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,350.00		\$0.00
EXTENSION FEE SUBTOTAL:			\$490.00
EXTENSION FEE ALREADY PAID: -			\$0.00
EXTENSION FEE TOTAL			\$490.00
CLAIMS AND EXTENSION FEE TOTAL:			\$1300.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):			\$0.00
<input type="checkbox"/> Suspension of action requested under 37 C.F.R. § 1.103(c)			\$0.00
TOTAL FEE:			\$1300.00

A credit card payment form in the amount of \$1300.00 to cover the filing fee is enclosed.

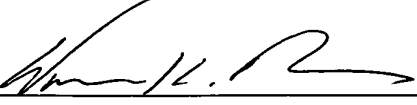
The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.


Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 8/19/09

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Customer Number: 22428  
Telephone: (202) 672-5485  
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By  Reg. No. 59,396

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